WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Welfare Initiatives

TO: **Economic Support Supervisors**
        Economic Support Lead Workers
        Training Staff
        FSET Administrative and Provider Agencies
        Child Care Coordinators
        W-2 Agencies

FROM: Stephen M. Dow
        Work Programs Section
        Policy Analysis and Program Implementation Unit

SUBJECT: **TRACKING OF MANUAL ISSUANCE OF W-2 AND FS IN CARES**

EFFECTIVE DATE: January 3, 2000

PURPOSE

This memo conveys instructions for follow-up entry into CARES of any Wisconsin Works (W-2) payments or Food Stamp (FS) benefits which were issued manually (outside of CARES) by ES or W-2 agency personnel. This process has been implemented into CARES as part of the DWD Y2K contingency plans, should CARES be unavailable for a period of time after January 1, 2000, due either to local agency connectivity problems or a continuous system wide failure.

AGENCY MANUAL ISSUANCE

A manual issuance may occur if CARES is unavailable to establish initial eligibility for a W-2 or FS case or issue an auxiliary benefit for an ongoing W-2 or FS case.

NOTE: If an individual case is known to CARES and the system is available, an auxiliary can be requested. Such auxiliary requests **are not** considered manual issuances for the purposes of this Operations Memo.

W-2

For W-2, a manual issuance would occur in the form of an agency check which is written for W-2 payment to an eligible W-2 participant.

Food Stamps

For FS, a manual issuance would occur when the DWD/DES FS FAX FORM (DES-11902) is FAXed to the designated state staff specified on the form. A copy of this form is attached. There are 2 half-sheet forms on this attachment.

NOTE: A box on DES-11902 which asks that a "CARES Case Number" be entered if this information is available. If the CARES case number is not available (e.g., case has not yet been established

in CARES) the FS request can still be processed. In that instance, you may enter alternate information in this space which will help you reconcile later in CARES.

CARES MANUAL ISSUANCE REASON CODES

Four new auxiliary reason codes are being added to CARES specifically for tracking of the manual issuance. Entry is made on the two auxiliary request screens in CARES, BICS (W-2 Auxiliary Request) and BIFS (Food Stamp Auxiliary Request). All of these new auxiliary reason codes are valid for both W-2 and FS. These MI (Manual Issuance) auxiliary reason codes are intended to be used whenever any of the 4 situations results in:

1.   A local agency writing an agency check to the recipient for W-2 payment (per the local agency Y2K contingency plan), or

2.   A local agency requesting State staff issue FS benefits (per DWD Y2K contingency plans).

The 4 new codes are:

949   MI FATAL ERROR
          A case has not yet been established in CARES and a FATAL ERROR occurs during intake which prevents confirmation of eligibility with an associated benefit.

950   MI ABEND
          A case has not yet been established in CARES and an ABEND occurs during intake which prevents confirmation of eligibility with an associated benefit.

951   MI INAPPROPRIATE ELIG FAILURE
          A case has not yet been established in CARES and there is an inappropriate eligibility failure (due to system error) which prevents confirmation of eligibility with an associated benefit.

952   MI Y2K
          CARES is unavailable to either establish eligibility (intake for a case) or to request an auxiliary benefit (for an ongoing case).

When any one of these codes is entered into CARES, the manually issued benefit amount will be added to the CARES Benefit Issuance history. Entering one of these codes **will not** result in a payment/benefit being generated. Manual issuances must be entered into CARES as soon as allowable, per instructions below.

CARES PROCESSING FOR MANUAL ISSUANCE OF W-2

Whenever a local agency issues an agency check to a recipient for an initial W-2 payment, the worker must confirm eligibility for the case as soon as CARES is available. **On the same day confirmation occurs**, the worker must Tran to BICS with this Parm:

[Case # / case cat / case seq **/ / m**]

The addition of the "/ / m" to the parm allows any one of the 4 auxiliary codes to be entered. It also allows the "CHK NUMBER" and CHK DATE" fields to be updated.

Example: Jane Smith came in to the W-2 agency to apply and she began participation in a W-2T placement on 1/3/00. CARES was unavailable due to local connectivity problems which remained unresolved for an extended period of time. On 1/31/00 (the date a CARES generated check would have been produced) the agency issued a manual check for the W-2T placement. On 2/5/00 connectivity to CARES was reestablished with the agency and the application was keyed into CARES. To prevent an initial benefit from being issued the worker immediately tranned to BICS after confirmation and recorded the agency payment. IQAF displayed this agency check immediately, and after W-2P (W-2 Pulldown) in 2/00 it can be seen that this manually issued payment was not reissued by CARES.

```
BICS                    AFDC/W-2 AUXILIARY REQUEST
11/16/99 14:26
                                                                 XCTA30 E
RYAN  COUNTY: 71   CASE: 2700179323   CAT: WW C   SEQ: 01

 PAYEE : JANE SMITH                        WORKER: XCTA30 SUP:     97
 REGULAR BENEFIT AMOUNT:     628.00   CLAIM INDICATOR: N



  AUX      REQUEST     PERIOD      CHK       CHK DATE    BENEFIT  BENEFIT
OFFSET
 REASON    AMOUNT     (MM CCYY)   NUMBER   (MM DD CCYY)  NUMBER    DATE      IND


 952     272_____  01 2000  1202_____   01 31 2000

 ___     _____  __ ____   _____   __ __ ____

 ___     _____  __ ____   _____   __ __ ____

 ___     _____  __ ____   _____   __ __ ____

 ___     _____  __ ____   _____   __ __ ____



  TOTAL:              50



 ADDRESS:  100    SECOND ST

   CITY:  WISCONSIN RAPID STATE: WI ZIP: 544090000


 NEXT TRAN: ____    PARMS: 2700179323/WW C/01//M_____
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```
IQAF              AFDC/W-2 ISSUANCE HISTORY - DISBURSEMENT              11/16/99
   14:44
                                                                          XCTA31
E RYAN
CASE          CAT   SEQ    PRIMARY PERSON NAME

2700179323                 SMITH, JANE


EL CAT SEQ  BENEFIT      CHECK      CHK/EFT   CHK/EFT  **DISPOSITION** CTY   OFF
RTN
   CD  NUM   NUM          NUM         DATE     AMOUNT  CD RSN  DATE     NUM   NUM
IND


_ WW C 01  100037709  J3335013    02 28 00   628.00  IS      02 23 00  71   5571

_ WW C 01  100037699  1202        01 31 00   272.00  IS      02 05 00  71   5571











                                                                   PAGE :  1


 PF14 IQAD  PF15 IQAP  PF16 IQAT  PF17 IQWD  PF18 BICS-SUPPL  PF19 BICS-REPL

NEXT TRAN: ____      PARMS: 2700179323_____
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CARES PROCESSING FOR FS MANUAL ISSUANCE

Whenever a local agency has requested that the State issue FS benefits to a recipient manually via FAX of the attached request form (per DWD Y2K contingency plans), as soon as CARES is available to confirm eligibility for the case. **On the same day this confirmation occurs** the worker must Tran to BIFS with this Parm:

Case # / case cat / case seq **/ / m**

The addition of the "/ / m" to the parm allows any one of the four auxiliary codes to be entered. It also allows the "BEN ISS DT" field to be updated.

> **Example**: John Smith came in to the county agency to apply for food stamp benefits ON 1/3/00. CARES was unavailable due to local connectivity problems so he was manually determined eligible for expedited food stamp benefits. The correct FS allotment was calculated by the worker. Since the worker knew that any system down time (such as this connectivity problem) should be considered temporary, the worker waited several days before FAXing the manual food stamp request to the State (making allowance for mail time and the 7 day expedited food stamp policy). The system connectivity problem was resolved on 1/13/00. The Food Stamp application was entered into CARES and immediately after confirmation the worker tranned to BIFS and recorded the agency payment to prevent an initial Food Stamp benefit from being issued. IQFS displayed the manual issuance immediately.

```
BIFS                  FOOD STAMP AUXILIARY REQUEST              11/17/99
08:50
                                                               XCT288
E RYAN
 COUNTY: 71 CASE: 1700164112 CAT: FS   SEQ: 01

 PAYEE : JOHN            SMITH                  WORKER: XCT288 SUP:     0

 REGULAR BENEFIT AMOUNT:       127 CLAIM INDICATOR: N


               REQUEST    PERIOD      BENEFIT   BENEFIT    BEN ISS DT  OFFSET

   AUX REASON  AMOUNT    (MM CCYY)    NUMBER     DATE     (MM DD CCYY) IND


      952       118_____  01 2000                        01 06 2000

      ___      _____   __ ____                        __ __ ____

      ___      _____   __ ____                        __ __ ____

      ___      _____   __ ____                        __ __ ____



   TOTAL:            0



 ADDRESS:  201         FOURTH           ST

    CITY: WISCONSIN RAPID STATE: WI ZIP: 544090000


 NEXT TRAN: ____     PARMS: 1700164112/FS/01//M_____
```

```
IQFS            FOOD STAMP ISSUANCE HISTORY - DISBURSEMENT          11/17/99
 08:49
                                                                     XCT288
E RYAN
 CASE           CAT    PRIMARY PERSON NAME

 1700164112            SMITH, JOHN



 SEL SUB SEQ   BENEFIT   ISSUANCE        ISSUED DISP  DISP    DISP  COUNTY  ISS

     CD  NUM     NUM       DATE           AMT   CD   RSN     DATE    NUM   MTHD


 _          1  100036826  02 10 00       125.00  IS          02 10 00   71     M

 _          1  100036484  01 06 00       118.00  IS          01 06 00   71     M








 PF14 IQFD    PF16 IQFT     PF17 BIFS-SUPPL    PF18 BIFS-REPL      PAGE :
1
 NEXT TRAN: ____     PARMS: 1700164112_____
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STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support

EMERGENCY FAX REQUEST FOR DAILY FOOD STAMP ISSUANCE

Fax to: Tim Burnett
DES, DWD
(608) 267-2269

Important: If you do **NOT** receive confirmation that your fax was received, fax a copy to the DES Regional Office

Agency Submitting		Agency Fax Number ( )
CARES Case Number	Benefit Amount	Benefit Period -
Primary Person's Name (last name, first name)		
Case Mailing Address (number, street, city, state, zip code), Insert agency address, if appropriate		
Authorizing Agency Representative Name and Title		Telephone Number ( )
Authorizing Signature		Date Signed

Retain the original of this fax to later reconcile against CARES.

DES-11902 (N. 11/99)